MAXIMUS Federal Services

Case Number:	CM14-0210248		
Date Assigned:	02/03/2015	Date of Injury:	02/10/2014
Decision Date:	03/13/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/15/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Pennsylvania, Ohio, California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 56 year old male continues to complain of weakness and intermittent pain in the right knee and intermittent low back pain stemming from a work related slip and fall injury reported on 2/10/2014. Diagnoses include: muscle spasms; lumbago; upper extremity joint pain; left leg joint pain; sprain of wrist; sprain of the lumbar region; right knee meniscus tear; and rheumatoid arthritis. Treatments have included: consultations; diagnostic imaging studies; right knee chondroplasty, partial menisectomies, and extensive synovectomy (10/14/2014); acupuncture; chiropractic treatments; physical therapy; TENS unit; and medication management. The injured worker (IW) is noted to not be working. The 11/18/2014 request for authorization noted the request for medical foods that include: Gabadone, Sentra AM, Sentra PM, and Theramine. No progress notes for this office visit were available for my review.On November 26, 2014 Utilization Review non-certified, for medical necessity, a request for Gabadone #60, Sentra presented in the documentation provided. Cited were the MTUS and ODG guidelines for chronic pain. AM #60, Sentra PM #60, and Theramine #90 stating that the requested formulations are medical foods, and therefore are not medically reasonable and necessary. Also stated was that medical necessity had not been.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Gabadone, quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Web edition

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain

Decision rationale: MTUS does not specifically discuss indications for a medical food. ODG recommends the use of a medical food only if the product if labeled for dietary management of a specific medical condition for which there are distinctive nutritional requirements. The records do not document such distinct nutritional requirements in this case. Therefore this request is not medically necessary.

Sentra AM, quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Web edition

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain

Decision rationale: MTUS does not specifically discuss indications for a medical food. ODG recommends the use of a medical food only if the product if labeled for dietary management of a specific medical condition for which there are distinctive nutritional requirements. The records do not document such distinct nutritional requirements in this case. Therefore this request is not medically necessary.

Sentra PM, quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Web edition

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain

Decision rationale: MTUS does not specifically discuss indications for a medical food. ODG recommends the use of a medical food only if the product if labeled for dietary management of a specific medical condition for which there are distinctive nutritional requirements. The records do not document such distinct nutritional requirements in this case. Therefore this request is not medically necessary.

Theramine, quantity 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Web edition

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain

Decision rationale: MTUS does not specifically discuss indications for a medical food. ODG recommends the use of a medical food only if the product if labeled for dietary management of a specific medical condition for which there are distinctive nutritional requirements. The records do not document such distinct nutritional requirements in this case. Therefore this request is not medically necessary.